CalWORKS BUDGET WORKSHEET

CA	ASE NAME:											C	ASE NI	JMBER:				WORK	ER NUI	MBER:	
	Payment Month Exempt from MAP Cuts FAMILY MEMBERS	A NA	PENALIZED B AU	Check Check OK-NON	D D 9	SANCTIONED G		Payment Month Exempt from MAP C FAMILY MEMBERS	uts		PENALIZED B AU AU	Check OP-NON	D D	SANCTIONED 6		Payment Month Exempt from MAP Cuts FAMILY MEMBERS	A NA	PENALIZED AU AU	Check Check Check	D D 9	SANCTIONED G
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ТО	TAL							TOTAL							то	DTAL					
Maximum Aid Payment for Family Members (A & C) a. Net Nonexempt Income (Enter Item 12m from Side 2) b. Special Needs (Other than HA)				+				Maximum Aid Payment for Family Members (A & C) a. Net Nonexempt Income (Enter Item 12m from Side 2) b. Special Needs (Other than HA) (A & C & D) c. Potential Grant			nter	+			1.	Maximum Aid Payment for			\$ - +		
Maximum Aid Payment for			& D)	\$ + \$				2. Maximum Aid Payment for Persons (A) \$ a. Special Needs (Other than HA) (A & D) + b. Subtotal \$ c. Aid Payment (Lesser of 1c)					2.	2. Maximum Aid Payment for Persons (A) a. Special Needs (Other than HA) (A & D) b. Subtotal c. Aid Payment (Lesser of 1c)			\$				
or 2b) 3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU). (If MFG child, don't include) (A) a. Special Need for Child(ren) (A & D)			FG <i>(A)</i> _ ı)	\$ +				or 2b) 3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU). (If MFG child, don't include) (A) a. Special Need for Child(ren) (A & D)			\$ +			3	or 2b) 3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU). (If MFG child, don't include) a. Special Need for Child(ren) (A &			\$ +			
4.	b. Subtotal c. Minor Parent Aid Payment (Greater of 2c or 3b) 4. Proration figure (Use 2c or 3c) Date:			\$ \$ x			-	b. Subtotal c. Minor Parent Aid Payment (Greater of 2c or 3b) 4. Proration figure (Use 2c or 3c) Date:			\$ \$ x			4	b. Subtotal c. Minor Parent Aid Payment (Greater of 2c or 3b) 4. Proration figure (Use 2c or 3c) Date:			\$ \$ x			
a. Prorated Aid Payment 5. Adjustments (Specify): a. Child Support Non-Co-Op 25% of Aid Payment			_				a. Prorated Aid Payment 5. Adjustments (<i>Specify</i>): a. Child Support Non-Co-Op 25% of Aid Payment				-			5	a. Prorated Aid Payment S. Adjustments (Specify): a. Child Support Non-Co-Op 25% of Aid Payment			-			
			- - +				b. Overpayments c. Cal-Learn Penalties d. Bonus 6. Adjusted Aid Payment			- - + \$			6	b. Overpayments c. Cal-Learn Penalties d. Bonus 6. Adjusted Aid Payment			- - +				
=				<u> </u>				BUDGET R	RECO	MP	UTAT	ION							=		
Actual Cash Aid Paid Adjusted Aid Payment (from line 6)			\$				7. Actual Cash Aid Paid a. Adjusted Aid Payment (from line 6)			\$			7	Actual Cash Aid Paid Adjusted Aid Payment (from line 6)			\$				
b. Subtotal 8. Actual Cash Aid Paid (use for O/P only) a. Child/Spousal Support			\$			-	b. Subtotal 8. Actual Cash Aid Paid (use for O/P only) a. Child/Spousal Support				\$ 8. Actua (t			8		Actual Cash Aid Paid (use for O/P only) a. Child/Spousal Support		= \$			
b. Subtotal 9. Overpayment Amount (Lesser of Subtotal 7b or 8b)				= \$				b. Subtotal 9. Overpayment Amount (Lesser of Subtotal 7b or 8b)				=	b. Subtotal 9. Overpayment Amount (Lesser of Subtotal)					= \$			
10. Underpayment Amount (If 6 is larger than 7) EW INITIAL AND DATE AUTHORI			THORIZ	\$ ZATION	DATE			10. Underpayment Amou (If 6 is larger than	n 7)	UTHO	DRIZAT	\$ ION DA	ATE			0. Underpayment Amount (<i>If 6 is larger than 7)</i> W INITIAL AND DATE)	IORIZAT	\$ TION DA	ATE	
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	NET INCOME COMPUTATION	Budget Month for Payment Month	Budget Month for Payment Month	Budget Month for Payment Month
11. AF	PLICANT FINANCIAL ELIGIBILITY			
a.	Applicant Family Gross Earned Income [A, B, C, D, & E, except child support (CS) for MFG child]	\$		
b.	Disregard up to \$90 of earned income for each employed family member (A, B, C, D, & E)	_		
C.	Subtotal	=		
d.	Other Unearned Income [A, B, C, D, & E) except CS for MFG child]	+		
e.	Net Nonexempt Income (NNI)	=		
f.	MBSAC for persons + special needs (A, C, & D)	\$		
g.	Applicant Family Meets Net Income Test, if 11d exceeds 11c	YES NO	YES NO	YES NO
CC	ECIPIENT FINANCIAL ELIGIBILITY AND DMPUTATION FOR APPLICANT/RECIPIENT DN-EXEMPT INCOME			
а.	Total Disability-Based Unearned Income (A, B, C, D & E)	\$		
b.	\$225 Income Disregard	_		
C.	Subtotal Nonexempt Disability-Based Income (if positive, enter amount in k) (if negative, enter amount in g)	\$		
d.	Gross Earned Income (A, B, C, D & E but not CS)	\$		
e.	Net Earnings from Self-Employment Earnings (Enter from 13c below)	+		
f.	Subtotal	=		
g.	Remainder of \$225 Income Disregard (Enter any negative amount from 12c)	_		
h.	Subtotal Earned Income	=		
i.	50% Earned Income Disregard (Total in 12h divided by 2)	-		
j.	Subtotal (Net Nonexempt Earned Income)	=		
k.	Nonexempt Unearned Disability Based-Income (Enter any positive amount from 12c)	+		
I.	Other Nonexempt Income of Family (specify)			
	(A, B, C, D, & E but not CS for MFG child)	+		
m	Net Nonexempt Income of Family (Enter in 1a on Side 1)	=	=	=
13. E/	ARNINGS FROM SELF-EMPLOYMENT			
a.	Gross Earnings from Self-Employment (A, B, C, D & E)	\$		
b.	Business Expenses:	-		
	Actual	-		
	40%	_		
C.	Net Income from Self-Employment (Enter in 12e above)	\$		